

Platelet Aggregation Inhibitor Use and PDL

The Alabama Medicaid Agency would like to address concerns regarding platelet aggregation inhibitors and the use of non-preferred brands. We would like to underscore that we base our preferred status decisions on general use of medications rather than clinical considerations of a specific population or disease state. The Agency understands concerns regarding specific populations and we have committed that these issues will be addressed through the prior authorization criteria.

The prior authorization process follows systematic criteria set forth by the Agency which includes unsuccessful trials of at least two previous platelet aggregation inhibitors and/or contraindications to preferred brands. We realize that in some cases it is in the patient's best interest to use a non-preferred brand. Medical justification may be submitted in lieu of prior usage requirements. Clinical literature reviewed supports the use of certain branded products for specific indications; Plavix® (Clopidogrel) and Aggrenox® (ASA/DP-ER) are indicated for ***TIA Management if TIA occurs while on ASA***. Plavix® (Clopidogrel) is indicated as an adjunct to ASA in ***stent placement (percutaneous coronary intervention)*** or in patients with ***unstable angina***. Plavix® (Clopidogrel) may be better as 1st line treatment for ***chronic extremity arterial insufficiency***. In addition, ACCP guidelines recommend Pletal® (cilostazol) for patients experiencing ***disabling claudication when revascularization cannot be performed***, not recommended for routine use in intermittent claudication.

We hope this will clear any uncertainty that may arise; we are working diligently to make the PDL transition process as smooth as possible for everyone involved. If you have any further questions please feel free to view updated information at our website, www.medicaid.state.al.us.